

ORDER FOR SUPPLIES OR SERVICES										PAGE 1 OF 5		
1. CONTRACT PURCH ORDER/AGREEMENT NO. <div style="border: 1px solid black; padding: 2px;">DAAE20-03-D-0065</div>			2. DELIVERY ORDER/CALL NO. <div style="border: 1px solid black; padding: 2px;">0003</div>		3. DATE OF ORDER/CALL (YYYYMMDD) <div style="border: 1px solid black; padding: 2px;">2003JUN25</div>		4. REQUISITION/PURCH REQUEST NO. <div style="border: 1px solid black; padding: 2px;">SEE SCHEDULE</div>		5. PRIORITY <div style="border: 1px solid black; padding: 2px;">DOA5</div>			
6. ISSUED BY TACOM-ROCK ISLAND AMSTA-LC-CSC-A SHERI GROSS (309)782-4857 ROCK ISLAND IL 61299-7630 EMAIL: GROSS@RIA.ARMY.MIL			CODE <div style="border: 1px solid black; padding: 2px;">W52H09</div>		7. ADMINISTERED BY (If other than 6) <div style="border: 1px solid black; padding: 2px;">DCMA DALLAS 1200 MAIN STREET DALLAS TX 75202-4399</div>			CODE <div style="border: 1px solid black; padding: 2px;">S4402A</div>		8. DELIVERY FOB  <div style="border: 1px solid black; padding: 2px;"><input type="checkbox"/> DESTINATION <input checked="" type="checkbox"/> OTHER (See Schedule if other)</div>		
9. CONTRACTOR  NAME CAROB INC AND 2840 RIVER ROAD EAST ADDRESS P.O. BOX 974 FORT SMITH, AR. 72902-0974  TYPE BUSINESS: Small Disadvantaged Business Performing in U.S.			CODE <div style="border: 1px solid black; padding: 2px;">0AT98</div>		FACILITY <div style="border: 1px solid black; padding: 2px;"></div>		10. DELIVER TO FOB POINT BY (Date) (YYYYMMDD) <div style="border: 1px solid black; padding: 2px;">SEE SCHEDULE</div>		11. X IF BUSINESS IS <div style="border: 1px solid black; padding: 2px;"><input type="checkbox"/> SMALL <input type="checkbox"/> SMALL DISADVANTAGED <input checked="" type="checkbox"/> WOMAN-OWNED</div>			
14. SHIP TO <div style="border: 1px solid black; padding: 2px;">SEE SCHEDULE</div>			CODE <div style="border: 1px solid black; padding: 2px;"></div>		15. PAYMENT WILL BE MADE BY <div style="border: 1px solid black; padding: 2px;">DFAS COLUMBUS CENTER DFAS-CO/WEST ENTITLEMENT OPERATIONS PO BOX 182381 COLUMBUS OH 43218-2381</div>				CODE <div style="border: 1px solid black; padding: 2px;">HQ0339</div>		MARK ALL PACKAGES AND PAPERS WITH IDENTIFICATION NUMBERS IN BLOCKS 1 AND 2	
16. TYPE OF ORDER		DELIVERY/ CALL <div style="border: 1px solid black; padding: 2px;"><input checked="" type="checkbox"/></div>		THIS DELIVERY ORDER IS ISSUED ON ANOTHER GOVERNMENT AGENCY OR IN ACCORDANCE WITH AND SUBJECT TO TERMS AND CONDITIONS OF ABOVE NUMBERED CONTRACT.  Reference your <input type="checkbox"/> Oral <input type="checkbox"/> Written Quotation _____, Dated _____. _____ furnish the following on terms specified herein. ACCEPTANCE. THE CONTRACTOR HEREBY ACCEPTS THE OFFER REPRESENTED BY THE NUMBERED PURCHASE ORDER AS IT MAY PREVIOUSLY HAVE BEEN OR IS NOW MODIFIED, SUBJECT TO ALL OF THE TERMS AND CONDITIONS SET FORTH, AND AGREES TO PERFORM THE SAME.								
<div style="display: flex; justify-content: space-between; border-top: 1px solid black; border-bottom: 1px solid black; margin: 5px 0;"> <span>NAME OF CONTRACTOR</span> <span>SIGNATURE</span> <span>TYPED NAME AND TITLE</span> <span>DATE SIGNED (YYYYMMDD)</span> </div> <div style="border: 1px solid black; padding: 2px; margin-bottom: 5px;"> <input type="checkbox"/> If this box is marked, supplier must sign Acceptance and return the following number of copies:         </div>												
17. ACCOUNTING AND APPROPRIATION DATA/LOCAL USE <div style="border: 1px solid black; padding: 2px;">SEE SCHEDULE</div>												
18. ITEM NO.		19. SCHEDULE OF SUPPLIES/SERVICE			20. QUANTITY ORDERED/ ACCEPTED*		21. UNIT	22. UNIT PRICE		23. AMOUNT		
		SEE SCHEDULE CONTRACT TYPE: Firm-Fixed-Price  KIND OF CONTRACT: Supply Contracts and Priced Orders										
* If quantity accepted by the Government is same as quantity ordered, indicate by X. If different, enter actual quantity accepted below quantity ordered and encircle.				24. UNITED STATES OF AMERICA LISA A DEVLIN /SIGNED/ DEVLIN@RIA.ARMY.MIL (309)782-5541 BY: _____ CONTRACTING/ORDERING OFFICER					25. TOTAL <div style="border: 1px solid black; padding: 2px;">\$35,992.25</div>			
27a. QUANTITY IN COLUMN 20 HAS BEEN <div style="border: 1px solid black; padding: 2px;"><input type="checkbox"/> INSPECTED <input type="checkbox"/> RECEIVED <input type="checkbox"/> ACCEPTED, AND CONFORMS TO CONTRACT EXCEPT AS NOTED _____</div>												
b. SIGNATURE OF AUTHORIZED GOVERNMENT REPRESENTATIVE					c. DATE (YYYYMMDD)		d. PRINTED NAME AND TITLE OF AUTHORIZED GOVERNMENT REPRESENTATIVE					
e. MAILING ADDRESS OF AUTHORIZED GOVERNMENT REPRESENTATIVE					28. SHIP. NO. <div style="border: 1px solid black; padding: 2px;"><input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL</div>		29. D.O. VOUCHER NO.		30. INITIALS <div style="border: 1px solid black; padding: 2px;"></div>			
f. TELEPHONE NUMBER		g. E-MAIL ADDRESS			31. PAYMENT <div style="border: 1px solid black; padding: 2px;"><input type="checkbox"/> COMPLETE <input type="checkbox"/> PARTIAL <input type="checkbox"/> FINAL</div>		32. PAID BY		33. AMOUNT VERIFIED CORRECT FOR			
36. I CERTIFY THIS ACCOUNT IS CORRECT AND PROPER FOR PAYMENT.									34. CHECK NUMBER			
a. DATE (YYYYMMDD)		b. SIGNATURE AND TITLE OF CERTIFYING OFFICER							35. BILL OF LADING NO.			
37. RECEIVED AT		38. RECEIVED BY (Print)		39. DATE RECEIVED (YYYYMMDD)		40. TOTAL CONTAINERS		41. S/R ACCOUNT NUMBER		42. S/R VOUCHER NO.		

<b>CONTINUATION SHEET</b>	<b>Reference No. of Document Being Continued</b> <b>PIIN/SIIN</b> DAAE20-03-D-0065/0003 <b>MOD/AMD</b>	<b>Page</b> 2 <b>of</b> 5
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**Name of Offeror or Contractor:**

SUPPLEMENTAL INFORMATION

- 1. DELIVERY ORDER 0003 IS AWARDED SUBJECT TO THE TERMS AND CONDITIONS OF DAAE20-03-D-0065.
- 2. THIS AWARD IS PROCESSED AGAINST ORDERING PERIOD 1 FOR 157 EACH M14 PISTOL RACKS AT A UNIT PRICE OF \$229.25 EACH. TOTAL CONTRACT AMOUNT IS \$35,992.25.
- 3. ALL OTHER TERMS OF THE BASIC CONTRACT SHALL APPLY TO THIS ORDER.

\*\*\* END OF NARRATIVE A 001 \*\*\*

ITEM NO	SUPPLIES/SERVICES	QUANTITY	UNIT	UNIT PRICE	AMOUNT
	SUPPLIES OR SERVICES AND PRICES/COSTS				
0002	NSN: 1095-01-236-2203 FSCM: 19200 PART NR: 9395764 SECURITY CLASS: Unclassified				
0002AD	<u>PRODUCTION QUANTITY</u>  NOUN: RACK,STORAGE,SMALL PRON: M131S701M1      PRON AMD: 03      ACRN: AA AMS CD: 070011H9H9R  <u>Packaging and Marking</u>  <u>Inspection and Acceptance</u> INSPECTION: Origin      ACCEPTANCE: Origin  <u>Deliveries or Performance</u> DOC                          SUPPL <u>REL CD</u> <u>MILSTRIP</u> <u>ADDR</u> <u>SIG CD</u> <u>MARK FOR</u> <u>TP CD</u> 001 W52H093121A150 W25G1U J 1 <u>DEL REL CD</u> <u>QUANTITY</u> <u>DEL DATE</u> 001                      80                      26-JAN-2004  FOB POINT: Origin  SHIP TO: <u>FREIGHT ADDRESS</u> (W25G1U) XU TRANSPORTATION OFFICER DDSP NEW CUMBERLAND FACILITY BUILDING MISSION DOOR 113 134 NEW CUMBERLAND PA 17070-5001  <u>CONTRACT/DELIVERY ORDER NUMBER</u> DAAE20-03-D-0065/0003  DOC                          SUPPL <u>REL CD</u> <u>MILSTRIP</u> <u>ADDR</u> <u>SIG CD</u> <u>MARK FOR</u> <u>TP CD</u> 002 W52H093121A151 W45G19 J 1 <u>DEL REL CD</u> <u>QUANTITY</u> <u>DEL DATE</u> 001                      16                      26-JAN-2004  002                      24                      26-FEB-2004  FOB POINT: Origin  SHIP TO: <u>FREIGHT ADDRESS</u> (W45G19) SR W390 RED RIVER MUNITIONS CTR HIGHWAY 82 WEST CL V GATE 44 BLDG 184 TEXARKANA TX 75507-5000	157	EA	\$ 229.25000	\$ 35,992.25



Name of Offeror or Contractor:

CONTRACT ADMINISTRATION DATA

LINE	PRON/	OBLG						JOB		
ITEM	AMS CD	ACRN	STAT	ACCOUNTING CLASSIFICATION				ORDER	ACCOUNTING	OBLIGATED
								NUMBER	STATION	AMOUNT
0002AD	M131S701M1	AA	2	97	X4930AC6G	6D	26FB	S11116	W52H09	\$ 35,992.25
	070011H9H9R									
									TOTAL	\$ 35,992.25

SERVICE								ACCOUNTING		OBLIGATED
NAME	TOTAL BY ACRN	ACCOUNTING CLASSIFICATION						STATION		AMOUNT
Army	AA	97	X4930AC6G	6D	26FB	S11116		W52H09	\$	35,992.25
								TOTAL	\$	35,992.25